



MaineCare Services
An Office of the
Department of Health and Human Services

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To: MaineCare Providers
From: Jennifer Palow, Pharmacy Unit Manager
Date: February 19, 2010
Re: PDL Updates Effective 02/19/2010

The following medications will be non-preferred and will require prior authorization:

Acuvail	Edluar	Fortical	Onsolis	Valturna
Bepreve	Effient	Intuniv	Sabril	
Besivance	Embeda	Invega sustenna	Samsca	
Cambia	Extavia	Livalo	Saphris	
Cycloset	Fanapt	Nucynta	Temazepam 7.5mg	

The following are miscellaneous PDL changes:

- Celebrex:** Approvals for Celebrex will be granted for other requests based on failure of at least one generic NSAID from at least 2 different NSAID classes.
- Multaq:** Multaq will be preferred unless the following medications are seen in the member's drug profile within the last 35 days for brand name medications or 90 days for generic medications: ketoconazole, itraconazole, voriconazole, cyclosporine, telithromycin, carithromycin, nefazodone, ritonavir, erythromycin, TCA's, phenothiazine, amiodarone and other antiarrhythmics.
- Onglyza:** Preferred if therapeutic doses of metformin are seen in member's drug profile for at least 60 days within the past 18 months or if phosphate binder is currently seen in the member's drug profile.

The following includes updates and further clarifications to the newsletter sent on December 4, 2009 that included the Jan 1, 2010 PDL changes.

Venlafaxine ER tablets: This product is preferred; *however, dosing limits will also apply.* Dosing limits allowing 1 tablet per day of all strengths except 150mg will be available without PA. The 150mg tablets will have a dosing limit allowing 2 tablets per day. Combination of a 150mg and a 75mg tablet will not be preferred as a 225mg tablet dose is readily available.

Omnitrope: This product is preferred; *however, a Clinical PA is required.* Please refer to PDL and Growth Hormone PA form that can be obtained from the MaineCarePDL.org website.

Enbrel 25mg: This product is preferred after a trial of a step 1 product (e.g. azathioprine, methotrexate, etc.); *however, dosing limits will also still apply.* Dosing limits will allow 8 injections per month without pa. Use of greater than 8 injections per month will require PA. In addition, *the preferred Enbrel 25mg product will be the multi-dose vial (NDC- 58406-0425-34).* The single-use prefilled syringes are non-preferred.

Isotretinoin: This product is preferred. The preferred products available without PA will include Amnesteem, Claravis, and Sotret.

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